

# THE MEDICAL AND SURGICAL REPORTER.

No. 1031.]

PHILADELPHIA, DEC. 2, 1876.

[VOL. XXXV.—No. 23.]

## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### CASES CALLED HYSTERICAL.

BY FRANK WOODBURY, M. D.

Read before the Philadelphia County Medical Society, at its meeting October 11th, 1876.

GENTLEMEN:—To any one familiar with current medical literature, who has noticed the frequent reports of cases called hysterical, it must be sufficiently evident that the word *Hysteria* is now used in more senses than one, and with uncertain signification. Among writers, some are found who carefully give the exact pathological condition of the uterus in each case of supposed hysteria; the conscience of others is satisfied if the patient possess a uterus, without a thought as to its condition; while there is a third, and apparently increasing class, who use the term hysteria with the greatest freedom, applying it to cases where the uterus is absent, and connecting it with disorders of individual organs where there is no distinction of sex. Cases have thus come to be called hysterical which have no points whatever in common, not even agreeing in the simple fact of possessing a uterus.

It shall be the proposed province of this article, however, not to take up the entire subject of hysteria for systematic discussion, but to consider, as briefly as possible, some of the leading clinical phenomena presented by cases called hysterical, and to attempt to discover in the tangled skein of evidence, here and there, a thread, which hereafter may serve as a clue to the elucidation of this obscure subject.

Nothing need here be said of the importance of the topic, further than to recall the fact that hysteria has been the odium medicinæ from a pre-historic period, and that its pathology is still unsettled, although cases are of sufficiently frequent occurrence to make such a consummation eminently desirable. Since Sydenham has declared that hysteria constitutes one-half of the chronic diseases of women, and in the opinion of Bricquet it affects one-fourth part of the entire female sex, it may be not undesirable to stop for a moment to inquire what is meant by hysteria. The derivation of the word, from *hystera*, the womb, indicates that originally it was applied to designate a general disorder whose pathological cause resided in the uterus; subsequently, it came into use in a less restricted sense, in connection with certain general symptoms, without intending special reference to their causation. In this acceptance it is now generally employed to indicate a neurosis of undefined pathological relations, but presenting most diverse and striking symptoms.

The confusion into which the pathology of hysteria has fallen is explained by the simple fact that the term has been applied to a group of symptoms which may occur in different diseases, and may complicate many morbid states. This accounts for the apparently irreconcilable views held by different authors. Bricquet, Charcot, and others, believe that hysterical symptoms are purely nervous, and are not in any way dependent upon the uterus; but, on the other hand, the fact that the Galeno-Hippocratic view (which considers the disease as essentially uterine), has still advocates, is evident from the published reports of cases.

That *all* cases called hysterical, however, cannot be uterine in their pathology, is evident from the following considerations:—

First, hysteria is often declared to be present when no direct evidence is given of uterine disease.

Secondly, the term hysteria is applied without discrimination to cases where the uterus is entirely absent, both in the male sex and in the female (*defectio uteri*).

Thirdly, serious organic disease of the uterus is rarely complicated by symptoms called hysterical.

Therefore, since hysteria may be present where the uterus is healthy, or entirely absent, and uterine disease may exist without hysteria, no constant relation of cause and effect can be claimed to exist between the uterus and symptoms called hysterical, even where they mutually complicate each other; for if they may exist independently of each other, they may co-exist independently of each other. From which it is clearly demonstrable that phenomena have been called hysterical which, properly speaking, were *not* hysterical in their origin.

At the same time, it is freely conceded that uterine disorder may produce general ill-health and find expression in varied symptoms, as witness the following extract from a recent article by Percy Boulton, on "Metro-cerebral Disease":—"—

"It is scarcely understood by the bulk of general practitioners, that in a reflex way this organ (the uterus) may be a source of many diseases, and that the irritation of ovulation is a frequent cause of epilepsy and insanity. The sickness of pregnancy is an acknowledged fact, but madness, except when puerperal, is rarely thought to be of uterine origin.

"In turning over a few pages of my notebook, I am reminded of patients, many of whom had their symptoms treated often and long by the family doctor without any result, because the real cause was not recognized. Without attempting a complete list of such cases, I will name a few of the reflex disorders I have met with:—

"Cerebral: Periodic headaches, neuralgia, depression of spirits, hysteria, epilepsy, melancholy, etc.

"Pulmonic: Phthisis.

"Cardiac: Irritation.

\*The *Obstetrical Journal*, for February, 1876, American ed.

"Gastric: Dyspepsia, sickness, flatulence.

"Intestinal: Constipation, diarrhoea.

"Vesical: Enuresis, irritation.

"To say nothing of the diseases of the uterus and ovaries."

Truly a serious charge to bring against the uterus, and certainly enough burden for it to bear, without, in addition, saddling it with all the vagaries of so-called hysteria. Symptoms such as these might, however, and with some show of propriety, be called hysterical, as they are produced by uterine disease; but the point that it is desired to emphasize is this: the term hysteria is incorrectly used in a vastly more comprehensive range of application, to describe symptoms that belong to widely different disorders. The incongruity of this indiscriminate application of the word is strikingly manifest when we read of hysteria in the male, where it becomes absurdly inappropriate.

The inconsistency of this application of the word must have been even more evident to the original mind who was the first to use it in this connection than it appears to us, for continued use has now somewhat sanctioned the solecism; but though, at present, it is shorn of some of its strangeness, it certainly has lost nothing of its impropriety. The persistence of this word, in spite of such strong reasons for its discontinuance, must be due to the fact that it implies a peculiar shade of meaning, difficult to convey by any other expression. It has been a word without a synonym, convenient to apply to diseases whose nature was otherwise unknown. The question may here be pertinently asked, "Is it true that there is a peculiar systemic affection for which nosology affords no more expressive name than hysteria?" In searching the records for an answer, it may, perhaps, be ascertained that this word has been used in a vague and indefinite manner in the place of an exact diagnosis; in other words, hysteria has been given as a definite diagnosis in cases where no real diagnosis has been made. No better authority could be quoted to decide this question than the published reports of cases themselves, which, in this light, naturally separate into three groups:—

\*CLASS I.—Cases called hysterical, in which it was subsequently ascertained that there was an error of diagnosis.

CLASS II.—Cases called hysterical, where there is room for the suspicion that a clearer insight into the nature of the disease, with due recog-

nition of the pathological processes involved, would have led to definite diagnosis.

CLASS III.—Cases thus correctly diagnosed by competent observers, but which, judging from analogy, would have been called hysterical by others of less skill or experience.

Before entering into a discussion of the cases, it would, perhaps, be as well to anticipate a possible objection to this mode of considering the subject. It may be urged that hysteria is a functional disease, and not connected with any pathological lesion. Assuming this for the moment to be true, even then hysteria would not be the proper title of such an affection; for if it be independent of any organic disease, it cannot be caused by uterine disorder, and therefore cannot be hysterical. But this is not believed to be true. An organ in a strictly normal condition can neither be the seat of disorder itself, nor cause disease in any other organ, either by sympathy, irritation, or reflex action. What has been often called purely functional disorder, is, therefore, an expression of partial knowledge, and, like the doctrine of equivocal generation, instances will be the more rare in their occurrence, just in proportion with our advance in biological science.

By this, however, it is not meant to imply that every departure from a state of health is accompanied by organic lesion; the disorders of the circulating fluid have not as yet received sufficient consideration, and are believed to be a fruitful source of disorder of function. Disorders termed functional, therefore, may be due to blood disease, or to an unrecognized, perhaps temporary, pathological state of some organ.

To return to our subject, it will scarcely be necessary to quote a series of cases to demonstrate the absence of uniformity in the use and understanding of the term hysteria. In the early part of this paper this has been already alluded to, and, moreover, it would be superfluous to stop to prove what will not be denied. Without descending to detail, we will merely repeat what has been before said in this connection: There are, among medical writers, some who regard the uterus as the *fons et origo* of the symptoms called hysterical; there are others who consider hysteria as simply a prerogative of the female sex; and finally, there is a third group, who defy etymology and apply the term to certain phenomena, either in an organ or in an individual, without reference to sex.

Believing that it will be generally acknowl-

edged that the word Hysteria is used in connection with different morbid states, we will pass to the consideration of cases in which it has been wrongly used.

CLASS I.—Cases called hysterical, in which it was subsequently ascertained that there was an error of diagnosis.

Although sufficiently numerous in practice, this class of cases rarely finds its way into the journals, unless there are other points of such importance in the case as to overcome the natural dislike of any one to publish his mistakes. It is said that the great difficulty in the differential diagnosis of hysteria, so called, resides in its powers of simulation and mimicry. Cases are referred to, in the books, where the attendant was deceived, thinking, at first, that he had to do with a frank expression of some familiar disease, but afterward discovered that it was "only hysteria." On the other hand, the many instances are not reported where obscure cases were pronounced hysterical merely because their real nature was not recognized. The experience of any physician, whose practice extends over a series of years, will doubtless furnish instances of spinal curvature, caries, brain tumor, or softening, and other grave visceral lesions, which, in their incipency, were thought to be hysteria. Such cases are vastly more frequent in practice than in medical literature, for the reasons already indicated, but the following are cases in point:—

Dr. R. M. West\* records a "case of sudden apoplectiform seizure, terminating fatally in thirty-six hours, on the sixth day of lying-in," in which the symptoms were at first attributed to hysteria, but in which the autopsy showed brain lesions.

In connection with this case, the words of Dr. Eugene Dupuy† have a peculiar appropriateness. Observation and experiment permit him to state that, "Very likely, hysterical phenomena are dependent upon the abnormal state of either lateral portion of the upper part of the pons varolii" (New York Medical Record).

Another case of mistaken diagnosis is given by Dr. Fordyce Barker,‡ in which a case of puerperal embolism of the posterior tibial artery was regarded, at first, as due to hysteria, by a surgeon who was called in consultation.

\* Transactions of the Obstetrical Society of London, vol. II, p. 276; London, 1860.

† Philadelphia Medical Times, vol. VI, p. 429.

‡ "The Puerperal Diseases," New York, 1874, p. 259.

In a case recently reported by Dr. F. P. Foster, it is stated that the symptoms "seemed, at first, to point to pulmonary embolism, but they were soon found to be caused by hysteria." The case, until the ninth day after confinement, was doing well; but while sitting up to use a vaginal injection, she experienced general pains, with a sense of distress and impending suffocation, but without true dyspnea. The diagnosis of hysteria was based on the fact that the patient rapidly recovered, and that she and her mother had previously had attacks called hysterical.

The interesting features of this last case will be the apology for continuing it in the company of the two preceding, where it was found,\* although it is scarcely a case in which the diagnosis is acknowledged by its author to be incorrect. It is believed that there are some who, perhaps, would explain these symptoms upon another hypothesis than hysteria, as due to causes among which the alteration in the blood crasis, and vascular pressure, as well as the nervous exhaustion following overstrain, both incident upon the recent parturition, would figure prominently. Or the explanation of this, and indeed of many other cases called hysterical, may be suggested by the diagnosis in "Two Cases of Peculiar Mental Trouble following the Puerperal State," reported by Dr. Allan McLane Hamilton, in the American Supplement to the *Obstetrical Journal*, for July, 1876. The patients were uræmic during pregnancy, but without convulsions or other grave symptoms. Subsequently they displayed morbid impulses, eccentric behavior, and suicidal manifestations. This was not the insanity of lactation, because in both these cases the milk was suppressed. He says, to quote his own words, "I have seen the same symptoms expressed, though in a less marked degree, in patients who were suffering from chronic nephritis, and where the puerperal state had nothing to do with the history." This is important evidence, and it is believed that it suggests the secret source of symptoms that sometimes pass for hysteria until their true nature is discovered. From these we naturally pass to the consideration of—

CLASS II.—Cases called hysterical, where there is room for the suspicion that a clearer insight into the nature of the disease, with due recognition of the pathological processes involved, would have led to a definite diagnosis.

\* New York Medical Record, p. 314 of current volume.

In the first group of cases the hypothesis of hysteria was acknowledged to be incorrect. The only difference between them and these we are about considering lies in the accident of discovery; in the latter the real character of the disease has failed to receive recognition. To this group the great majority of cases called hysterical, in all probability, really belong. Hysteria is a most convenient word to use, in place of a diagnosis, especially in nervous affections, whose expressions are confessedly so difficult of interpretation. For those who desire a royal road to the understanding of these disorders, we may well imagine we overhear some medical Sancho Panza piously exclaiming, "Blessed be the man who invented Hysteria!"

Medical literature offers many illustrations of the truth of the assertion that the word hysteria has been frequently used in the place of a diagnosis.

The authority of Sir B. C. Brodie is quoted, on the authority of Gross,\* to establish the fact that there is such a thing in pathology as a hysterical joint, and this distinguished example has been diligently copied. Medical literature now offers a large assortment of hysterical affections of different parts of the body; a recent illustration of this is found in the *Transactions* of the College of Physicians of this city, for 1875, in an article by Dr. Harlan, on "Hysterical Affections of the Eye." To remove any uncertainty as to whether or not uterine disease is indicated by the title, it may be mentioned that the paper contains notes of five cases, in four of which the age is given; three of these are girls, aged respectively ten, eleven, and fourteen years; and the fourth is of the male sex, whose age is immaterial for present purposes.

Hysteria thus affords an example of a word which, having swung loose from its original meaning, drifts at the mercy of wind and tide, from one shade of signification to another, according to the caprice or understanding of its temporary employer. In confirmation of this, we point to the medical journals themselves, that constantly bring us reports of cases with hysterical joints, hysterical eyes, hysterical bladders, hysterical catalepsy, convulsions, trismus, locomotor ataxia, paralysis, and so on through a nosology purely hysterical. Viewed in this light, the observation of Celsus, *Ex vulva quoque feminis*

\* "System of Surgery," Phila., 1873, 5th ed., vol. i, p. 1007.



*vehemens malum nascitur*, certainly applies with peculiar force.

From the preceding cases, where the word *Hysteria* is manifestly misused, we may turn to those instances in which emotional and nervous phenomena are displayed, and which are generally regarded as typical cases of hysteria. The question may here be repeated, Is it true that there is a peculiar phase of systemic disease for which nosology affords no more definite title than hysteria?

In what has been called the hysterical state, weakened will-power and morbidly exalted sensibility are important factors. In such cases, the higher faculties of the mind—the reason, the judgment, and the will—become subordinated to the passions and emotions, and in proportion to the extent of this disturbance of the natural balance of the mind will phenomena of delirious volition and disordered intelligence manifest themselves, ranging in degree from merely eccentric behavior, with fits of laughing or crying, with restrainable morbid impulses, to attacks of acute mania, hypochondriasis, or confirmed melancholy. This will include those curious cases of unconscious malingering, with temporary loss of speech, inability to walk, epileptiform convulsions and coma, which are considered characteristic of hysteria.

Dr. Bennett,\* in speaking of the morbid perversion of the feelings that takes place in some cases called hysterical, states positively that "it is really a form of temporary insanity, the result of disease." This statement, met with after commencing this paper, has forestalled one of its intended conclusions, that *cerebral hysteria is a form of insanity*, mild in character at times, and having its paroxysms separated by lucid intervals, but differing in neither of these traits from other mild forms of insanity which are never called hysterical.

In the cases just considered, there may or may not be co-existing disease of the intrapelvic organs, but the symptoms themselves are plainly psychological. But even should the uterus be in an abnormal condition, it is evident that, in many cases called hysterical, there are just grounds for believing that both the uterine disorder and the general symptoms are independent expressions of a general dyscrasia. Impoverished blood causes, in one

\*On "Inflammation of the Uterus." London, 1861. 4th edition, p. 477.

direction, dysmenorrhœal troubles and pathological states of the uterus and ovaries; in another, through disturbed capillary circulation, it leads to mal-nutrition of the nervous ganglia, generally with, it may be, local congestions or transudations in the vesicular neurine, thus producing temporary paralysis of motion and sensation or muscular contractions when occurring in the spinal cord; but in the cerebral hemispheres, giving rise to psychological phenomena. Certainly, nothing can be gained by calling such cases hysterical.

There is yet another class of cases, in which the symptoms are traceable to a peculiar excitation of the great nerve centres, from a peripheral source of irritation. The protean character of the phenomena, presented in different cases, is due to the particular point of election in the nervous system, which responds to the irritation; thus, if within the cerebrum, it would give rise to psychological disturbances; in the medulla or cerebellum, epilepsy or chorea may result; in the spinal cord, the kinesodic tract may cause paralysis, paresis, or muscular contracture; of the sensory tract, there may follow the phenomena of exalted, depressed, or perverted sensation, including neuralgia and analgesia; and occurring in the ganglia of the great sympathetic, there may be disturbed secretory function, anorexia, and perhaps alteration in bodily temperature. In some cases it is probable that two or more of these centres of irritation may concur in the same patient.

But to show the narrow boundary that divides such cases from organic lesion and pathological change, we may consider what might take place in a supposititious case. For the sake of illustration, let the dorsal region of the spinal cord be the seat of election for the explosion of a peripheral irritation, the source of which may be supposed in this case to reside in a diseased uterus. As long as there is only exaltation of function of this part of the nervous system, it is conceded that the case may be correctly considered as hysteria, and the symptoms called hysterical. But very soon continued excitation produces local changes in the cord, expressed by congestion, anæmia, or degeneration of nerve cells; for continued exercise of function, without physiological intervals of rest, passes rapidly over the boundary line into the domain of pathology. Secondary changes may follow, such as inflammation, softening, sclero-

sia, atrophy of nerve cells with relative increase of cellular tissue, which, certainly, no one would think of calling hysterical if their pathology were recognized; and this remark applies as forcibly to the other cases just referred to, of spinal congestion, anæmia, and atony of nerve cells, only their pathology is not so readily recognized. Nor is this likely to occur as long as the word hysteria is considered a satisfactory diagnosis for cases of paresis, paraplegia and altered sensation that clearly indicate an abnormal condition of a nervous centre.

As regards convulsive hysteria, the position defended in this paper is the one taken by Dr. Bennett in his classical work before mentioned. He says, "Convulsive hysteria is a disease of the spino-cerebral nervous system, which may exist independently of any uterine lesion, or of any evident connection with the uterus and its functions." To this statement, from so high an authority, nothing need be added.

Although cases of so-called hysteria in the male would naturally come within the limits of this class, it is believed that no consideration of them is needed further than the mere mention of their title.

CLASS III.—Cases correctly diagnosed by competent observers, but which, judging from analogy, would have been called hysterical by others of less skill or experience.

Among these may be included cases which during life were considered hysterical, but post-mortem examination showed lesions of the nervous system. Dr. Dupuy, in the article already referred to, states that he has very often observed hysterical symptoms in cases of lesions of the pons varolii, both in male and female subjects, caused by most diverse diseases. Dr. Bonnemaison\* states that the body of a hysterical female was examined after death by Grisolle, who was able to demonstrate the congenital absence of the uterus and part of the vagina.

A similar case, without the autopsy, was reported by the writer in the *Philadelphia Medical Times*.† The case being of more than passing interest, we reproduce part of the clinical history from the published report:—

CASE.—Miss Bertha D., 22 years of age, ad-

\* *Archives Générales de Médecine*, vol. xxv, 6 s., 1875, p. 666.

† "Case of Absent Uterus and Vagina, with Rudimentary Ovaries, (?) with Regularly-recurring Menstrual Mollmen." *Philadelphia Medical Times*, vol. v., p. 54.

mitted into Pennsylvania Hospital, August 14, 1873. "For more than seven years she had suffered from physical disturbances every four weeks, often being obliged to keep her bed at these periods, but never had any vaginal discharge. She frequently had epistaxis at these times, which greatly relieved the headache and pelvic distress. On one occasion the family physician ordered an application of leeches to her thighs and abdomen, from which she experienced such relief that she subsequently applied them several times of her own accord. She refused to permit a vaginal examination while at home, and her physician recommended a visit to America, thinking that a change of climate might encourage the establishment of the function."

After her admission into the hospital, "in making a digital examination, an abnormal condition of the vagina was found. The surrounding parts showed nothing unusual, but the vagina was a cul-de-sac, of scarcely an inch in depth."

Further examination with the patient under the influence of ether showed that "no uterus or rudiment of one existed. With two fingers in the bowel, a fold of membrane or band of fibrous tissue could be felt running across the pelvis, high up, as if it were the broad ligament. There was nothing to represent the uterus, as there was not even a perceptible thickening of this membrane in the centre."

The point of special interest in the case, in the present connection, will now appear.

"The patient remained under observation nearly seven weeks, during which she showed marked hysterical symptoms, losing consciousness on several occasions."

Without a physical examination this case would have been pronounced purely hysterical; with one, it is seen that the hysterical symptoms, in this case at least, must have had their origin in the nervous system, and not in the uterus, because there was no uterus.

There are several other cases in point that might be introduced here, but the limits of the article forbid. We cannot refrain, however, from quoting, and somewhat in detail, a case that carries with it the conviction that in less skillful hands it would have been pronounced hysterical. It is reported by Professor J. S. Jewell,\* as follows:—

CASE.—"Mrs. S., aged 41 years; married late in life, and the mother of one child, now four years old. She has a nervous temperament, rather light complexion, light hair and blue eyes. She is quick and lively in movement, in motions and temper, and has come from a nervous but otherwise healthy family.

\* "Case of Morbidly Exalted Sensibility." *Series of American Clinical Lectures*, edited by E. C. Seguin, New York, 1876. Vol. II, pp. 24, et seq.

Mrs. S., prior to seeking advice, had been for months watching with an invalid mother, who finally died of some form of lung disease. To the loss of sleep, irregularity in habits, and the physical and mental exhaustion incident to prolonged watching, she attributes her present bad health, at least in a great measure. But prior to this she had headache, irregular appetite, occasional constipation, and sometimes disturbed sleep. These symptoms she has had, at times, ever since the birth of her child. She menstruates somewhat irregularly, and at times has leucorrhœa, and some pain in the sacral region, in the small of the back and through the hips, all of which latter symptoms are aggravated at the recurrence of the menstrual period. There is no cough; there is no fixed pain anywhere. There are no decided chills and fever, except at rare and irregular intervals. There is no paralysis, and, in fact, no evidence of any serious local disease anywhere, not even in the pelvis. But one condition is present in her case in a very high degree, viz., abnormally exalted nervous sensibility, and this is manifested in almost every form and sphere, whether in the physiological or psychological relations. She is, or seems to be, sensitive to almost every touch on the skin, but particularly over the spine, along many parts of which there is well-marked hyperalgesia, rather than hyperæsthesia, while in other parts these two states appear to be combined. Though the skin has almost a normal temperature, yet she complains inordinately of cold impressions when they are made. There is very slight photophobia, and moderate use of the eyes, especially if the gaze is intent or fixed for a few minutes, gives rise to dizziness of the head, feelings of intra-cranial pressure, especially at the top of the head, pain in the occipital region, formication in the skin of the upper extremities and upper portion of the trunk, and sometimes of other parts of the body. Beside these phenomena, and others, vaso-motor disturbances in the skin of the fingers, more especially of the palmar surface, appear; and palpitation of the heart, embarrassed breathing, and feelings of nausea and faintness arise upon fixed use of the eyes. But the most careful examination I have been able to make does not show any defect in the vision as regards the capacity for adjustment, etc., which might account for the symptoms I have just related.

"Her hearing is acute, more so than natural. She has frequent ringing in the ears, and sometimes other abnormal sounds, but they are not constant in kind nor duration.

"Our patient cannot rise up suddenly after sitting or lying, or stoop down, or, as she lies, sometimes, cannot turn in bed, so she will rest on one side, and thus disturb the equilibrium of the intra-cranial circulation; nor can she apply herself mentally, without experiencing in all these cases confusion and vertigo.

"If she becomes exhausted, she can feel her heart beat, and the pulsations of the arteries

in many parts of the body, even at the fingers' tips.

"At times she can feel the peristaltic movements of the bowels with startling distinctness, or the presence of food in the stomach, or of fecal accumulations in the lower bowels if she become constipated; or the presence of urine in the bladder, even when it is moderately distended. A slight sound, if unexpected, and more particularly if unusual in character, gives her a most uncomfortable start, affecting momentarily the action of nearly the whole muscular system, and also for a time the action of the vascular system. In other words, reflex excitability of the nervous system is greatly exaggerated in her case.

"She is just as morbidly excitable in her emotions, especially those of a depressing character, as she is in respect to her mere physiological sensibilities. She is easily distressed and filled with anxiety by slight causes, whether arising out of her own condition or of her surroundings. She is especially alarmed at the various changes in her feelings that occur and vary almost hourly, unless her mind is pleasantly occupied with company, or in some other way. She is as weak in will power as she is in muscular power. Nervous weakness may show itself in either or both of these ways."

\* \* \* \* \*

"The pathological conditions underlying this case will be found present in hundreds of others, which differ from it only in their extent and the grouping or peculiar character of their symptoms. If this be so, it is a matter of importance for us to have a correct knowledge, if we can obtain it, of the nature of the condition of the nervous system itself, out of which these many-hued and morbid forms of sensibility spring."

In short, Professor Jewell concludes that in the nervous system of such patients there "is a lesion of nutrition, which consists in a more or less serious loss of balance, as between waste and repair, and on the side of the former.

"The nervous centres become so unstable and responsive when in this impaired state, that the slightest centripetal impressions are capable of arousing reflexes, altogether disproportionate, in energy, duration, and extent, to their cause, as compared with the natural course of such things. . . . It is rather customary in considering these cases of hyperæsthesia, hyperalgesia, exalted reflex excitability, etc., to fix their organic seat in a vague way in the peripheral nerves or surface, but in my opinion this is a grave error. I do not say that the condition of the nerve fibres plays no part in these cases of morbidly exalted sensibility, but I am prepared to affirm that they have but little to do with it."

The diagnosis of this case is given by Professor Jewell as Exalted Morbid Sensibility, and it requires no comment.

In drawing this paper to a close, it is believed

that the consideration of the subject warrants the following

#### CONCLUSIONS :

I. What has been called Hysteria is not a disease, but a symptom of disease.

II. Where the pathological source of such symptom resides in the uterus or ovaries, cases may, with some show of propriety, be termed hysterical.

III. Where the uterus and organs associated with it in function are not in a morbid condition, no symptoms can be correctly called hysterical.

IV. When the diagnosis of Hysteria is made, the burden of proof rests with the user of the term to show, first, that there is co existing uterine disorder, and, secondly, that it is the direct and sole cause of the pathological phenomena in question.

V. Symptoms called hysterical may be due to reflex irritation of the great nerve centres.

VI. The source of the irritation causing these reflex symptoms may reside in any other organ than the uterus.

VII. Where this cause exists elsewhere than with the uterus, the symptoms are improperly termed hysterical.

VIII. As there is nothing in the symptoms themselves to indicate whether they are uterine, or not uterine, in their origin, the word Hysteria is of doubtful propriety, being in one case incorrectly applied, and in the other having nothing to commend it that would counter-balance its positive disadvantage of imposing a definite pathological character upon a disease in advance of the diagnosis.

IX. Medical nomenclature offers more precise expressions for the various uterine diseases than the word Hysteria, while its use to describe a pure neurosis is evidently incorrect. In all cases called hysterical, the diagnostician should not be misled by a name given to a group of symptoms, but should investigate their nature and source, and apply, in preference, a title that more clearly describes their pathological relations.

X. The progress of pathology requires that the use of the word Hysteria should be very much restricted, if not finally discontinued.

—A series of Clinical Lectures on Diseases of Women will be commenced in this journal in January.

## LACERATED WOUND OF THE SCLEROTIC—SUCCESSFUL CURE BY MEANS OF CONJUNCTIVAL SUTURES.

BY M. LANDESBURG, M. D.,

Of Philadelphia.

The perforating wounds of the sclerotic, though they do not belong to the rare injuries of the eye, are nevertheless deserving of the highest attention, not only by the oculist, but also by every medical practitioner. In the majority of cases the function of the organ is lost completely. Therefore the prognosis of every injury of the sclerotic must necessarily be unfavorable, and its seriousness is by no means diminished, even if the immediate result of the treatment appears favorable. Though the function of the eye may not have been impaired after the wound is healed, we are not at all certain that sooner or later the irritation proceeding from the cicatrix may not cause intense inflammation, eventually destroying vision. We are here reminded of the dangerous form of insidious cyclitis which, befalling the eye, ends in the loss of its function. But what demands our attention in a still higher degree, is the fact that in all cases of such injuries, not only the injured eye is seriously endangered, but also the sound one. Sympathetic ophthalmia will destroy it, unless the danger is immediately recognized and energetically combated. Many cases of total blindness may be traced back to one-sided injuries, which, if treated with sufficient circumspection, would not have resulted in the loss of the remaining eye.

The case which I am about to publish is closely related to the one published by myself in the third volume of Knapp's *Archives of Ophthalmology and Otology*. It possesses an additional interest in regard to the exceptional mode of treatment to which it was subjected. While in every instance of open wounds of the sclerotic the application of a compressive bandage is the rule, from which any deviation would seem to bring its own punishment, I was here compelled, by the force of peculiar circumstances, to forsake this customary mode of proceeding, and to adopt a method which proved to be the only resource in this desperate case.

C. K., 45 years old, workingman, was brought to me on the afternoon of November 5th, 1871, suffering from a severe injury of the



left eye, which he had received in the morning of the same day.

*Status præsens.* Left eye: lids normal; cornea free, but sunken. In the anterior chamber, much blood. Of the iris, the upper segments only are visible. Bulb soft. Strongly pronounced pericorneal injection. Externally, from the point of insertion of the Musc. rect. ext., there is an irregular wound of the sclera, with jagged edges, running from below upward. The wound gapes about 3". The vitreous humor is prolapsed, and keeps the edges of the wound apart in the shape of a funnel. Perception of light seems to exist, although the projection is extremely defective. Ophthalmic examination impossible.

Right eye: Leucoma cornæ almost complete. Iris disorganized. *Cataracta secundaria*. Amaurosis.

The patient, on being received into the hospital, had administered to him atropia, subcutaneous injection of morphia, and applied a compressive bandage. On the following day there was but slight reaction. Pain moderate. Cornea a little more prominent. Edges of the wound unchanged. Vitreous humor in the same position. The blood in the anterior chamber had completely settled down, occupying one-third of the same, whereby the enlarged pupil became visible. The patient could count the fingers at about 2" distance. He would not submit to any further application of the compressive bandage, and demanded his discharge, on account of business obligations. Nothing would induce him to remain, not even the prospect of unavoidable blindness.

In this desperate case, I took refuge in the following proceeding, in order to leave nothing undone that might possibly assist in the preservation of the eye. I detached widely the conjunctiva bulbi, with the scissors, on both sides of the wound; then I drew one flap of the conjunctiva over the gaping wound of the sclerotic (so as to cover both the wound and the prolapsed vitreous humor), and fastened it sideways, by means of sutures, to the other flap of the conjunctiva. I did not dare to place a suture in the sclera itself, for fear of the considerable traction which would have unavoidably taken place by the closure of the broad wound with its jagged edges. I advised the patient to wear a blue eye-shade, and to continue the instillation of atropia.

After four days I saw the patient again. He

lived at a distance of several miles, which he was obliged to march on foot. The eye looked surprisingly well, not a sign of irritation. The anterior chamber is partly restored, though as yet very shallow. The blood, for the most part, has been absorbed. Pupil dilated, lens intact. Bulbous soft. The flap of the conjunctiva over the wound is somewhat swollen. The threads are in position. The needle punctures are infiltrated with pus. Vision has increased to about  $\frac{5}{100}$ . I removed the sutures.

The improvement from that time was rapid, though the patient carelessly exposed himself to every injurious influence, and returned to his work about the second week after the injury; not the slightest reaction took place. The wound of the sclera was closed, the intraocular pressure restored, and vision gradually increased.

About four weeks after the first visit the wound was firmly closed, and the intra-ocular pressure normal. I found a vision of  $\frac{1}{15}$ . Jaeger 3 could be used with + 36, at from 5"-15".

For four years I had opportunities of observing the patient, and of assuring myself that the eye had remained in an unchanged condition.

This case proves, in a marked manner, what insults the eye can bear, and how often our experience is set at naught by a freak of nature. It proves, furthermore, how much good the physician may accomplish if he does not despair of his art.

Finally, it may serve as a useful hint to others, if they should be placed in a similar position.

#### OPIUM POISONING, TREATED BY ELECTRICITY AND BELLADONNA.

BY MARTIN BURKE, M. D.,  
Of New York City.

I would, with your permission, report a very interesting case of opium poisoning cured by electricity and belladonna.

Late one evening, when returning home from a distant visit, I was hurriedly addressed by a man who desired me to go immediately to see Mr. S., who had taken a sufficient quantity of opium to destroy life. While I was going for my battery, he called upon my friend Dr. Hanks, who resides beside me. We both hurried to the residence of our patient, and found him in a state of coma; pupils contracted

to the size of a pin's head, and breathing somewhat stertorous. His respirations were four a minute; his pulse was slow. His wife stated that he had taken the opium about forty-five minutes before. Dr. Hanks had meanwhile sent for a prescription of—

R. Zinci sulphatis, gr. xxx  
Fluidi extracti ipecacuanhæ, ʒiiss.

which, having been procured, was immediately administered. It vomited our patient in about three minutes. A Dr. White had meanwhile arrived, and he proposed the administration of belladonna; accordingly, about the twenty-fourth of a grain of atropia was given hypodermically. Another mixture of zinc and ipecac was administered. It promptly vomited the patient, and, indeed, in the matter ejected we detected the smell of opium. A small quantity of food was also discovered.

Our patient was now partially conscious, and although we had introduced the tube of a stomach pump into his pharynx, he caught it between his teeth, and fearing that he would cut it through, we removed it. Our patient said he wished to die. His clothes were dragged upon his reluctant limbs, and at half-past eleven o'clock we commenced to walk our would-be suicide.

I now examined the bottle in which he had procured the preparation of opium. It was a two-ounce bottle, in which remained about a drachm of dark-looking fluid. I afterward learned from the druggist, to whom Mr. S. was known, that he had procured a two-ounce mixture containing equal parts of tincture opii and alcohol; of this only a drachm remained. We now administered large quantities of strong black coffee, part of which was vomited. At about quarter after twelve A. M., another one-twenty-fourth grain of atropia was administered, subcutaneously. Our patient was now conscious, but was unwilling to walk. Pupils had dilated to almost normal size. More coffee was given. Half-past one o'clock, patient staggered and fell. We now proposed electricity, and accordingly I applied both poles of the battery over the situation of the phrenic nerves; it caused him to take a prolonged and deep inspiration. His respirations, with and without electricity, were counted; with electricity, they were about nine per minute; without it, seven.

In order to keep him awake, or to awaken him, we occasionally applied the poles of the

battery to the posterior cervical nerves. This aroused him at once; he raised himself, and endeavored to escape from this sharp sting. We removed the poles, and again he sank into a state of coma. At about three o'clock atropia, grain one-twenty-fourth, was again administered. His pupils now became normal. We had previous to this never permitted our patient to sleep, using only electricity; but at four o'clock we permitted him to slumber, employing a somewhat weaker power to the phrenic nerves, thereby increasing the depth of the respirations, and, indeed, their frequency, in about the proportion of one to three a minute. In lengthening the respiratory force its effect was wonderful. Dr. Hanks and I relieved each other, remaining with our patient until about six o'clock. We now could easily arouse him, and accordingly it was deemed advisable to remove the battery. I should state, however, that the patient's respiration never, during our treatment, went below four, and never, even under the influence of electricity, went above ten.

Mr. S., being of strong physique, recovered rapidly. Three days after he attended to his business.

## HOSPITAL REPORTS.

### INFIRMARY FOR NERVOUS DISEASES.

CLINIC OF S. WEIR MITCHELL, M. D.

REPORTED BY C. C. VANDERBECK, M. D.

#### The Symptom Numbness.

In the case before you, as in the last one which presented itself, the patient complained of feeling numbness in the extremities. I am not sorry to have the chance to say a few words to you on this subject. Numbness is the word used for several forms or varieties of sensations not found in health, or, I should say, in perfect health. It is used both by patients and doctors, but whenever used, needs to be accurately described, and then related to the other symptoms present, before we can respect it as a defining symptom. To the patient who has experienced it for the first time, it is alarming, but really, like most symptoms, it is sometimes of much meaning, and sometimes of little.

In the present case, the patient, a hard-worked woman, with natural tendencies to easy emotional manifestations, emphasized, as these always are, by anæmia, tells us that she began to suffer last spring, from what she calls numbness of the feet and hands. We carefully questioned her, and learn that this means that, when

tired or worried, she has a feeling as of the parts named being asleep; she calls it a "*prinking*;" that this is worse in the evenings, and that early in the morning she is free from it. The æsthesiometer shows that we have no loss of touch, and there is an absence of all signs of paralytic trouble in brain or cord; neither can I call this a hysterical symptom, although it is found in a hysterical woman. If forced to speculate on its cause, I should conclude it to be due to defect of nerve nutrition in the extremities, and associate this with thin blood, under-feeding, and too constant work, with that which makes the cruel friction of all work, bodily and mental, worry.

But, speculate as we may, of this at least I am certain, and that is, of curing her; and first I shall assure her that this is not the kind of numbness which precedes paralysis. And what next shall I say to this wretched slave of work, this weakening, pallid girl, whose hysterical states have driven her parents to consent to any needed measure? It is vain to say take rest; the demands of home are unrelenting. It is useless to order good diet. With abundant food, the mechanic's wife knows of but one cooking utensil, the national frying pan. I shall take this girl into the hospital, and, setting mind and body both at rest, feed her well and often, and then, with good hope, give iron freely. It would be valueless to do this at her home, for iron is a drug which often fails to act, without certain aids; and curable anæmia, once well established, may continue to exist under bountiful doses of iron, if only there be present some steady cause of moral disturbance, or some slight physical difficulty, some cause which gives annoyance or slight pain, or disturbs sleep; but put these aside, and the iron becomes active for good. Indeed, to habitually overworked folks, like some laborers and sewing women, an accident which puts them on their backs for five or six weeks in a well-ordered hospital is of great value. They get up again fat and well, and with what the people aptly call "a new lease of life."

But I have been led away from the subject of the symptom numbness. This girl's case reminds me of a class of cases of which I see many, and which have come to form for me a distinct clinical group, a neurosis.

A man (it is nearly always a man) overworked, or a student who has used his mind too steadily at the age of growth, begins to have, and it is usually in the spring-time, tingling of the hands and feet. Very often I can find no sign of anæmia or of remarkably lowered health. All the functions are in order, and the appetite and digestion are sometimes faultless, but nearly always the heart is irregular, in spells, especially at night. Then also there is sure to be a sense of weight or pain at the occiput. The numbness is purely subjective. It at times invades the whole skin, and the face and scalp are favorite sites. It is here felt in islands, and with it there is often a feeling as if the facial skin were drawn tight. The numb-

ness in these cases is sometimes intense, and the prickling feeling so great as to be painful. I have heard one sufferer remark that he had once been poisoned with aconite, and that the formication was like that which he then felt.

When this "all-asleep feeling" is most vivid, there is apt to be with it a noise in the head, a faint singing, which is not usually referred to the ears, but is felt in the occipital region, with considerable irregularity of the heart's action. In the graver cases, the finger tips often burn severely, and there are at times in the hands and feet islets of vasal dilatation. More or less insomnia and general nervousness completes my picture, or rather my sketch.

The numbness which this curious neurosis presents, although most alarming to the patient, is really free from danger; yet, also, it is an obstinate malady, unless at the outset it be broken up by some complete change in habits, occupation and residence. After a while it is not readily relieved, or rather cured, even by travel abroad, but is apt to return, again and again. The regular life of a well-ordered water cure, with mild use of spinal douches or shower-baths, I have seen to be of great value, but I do not know of a single water cure in America which commands the full confidence of the profession, and, unluckily, travel in Europe is not at every one's disposal.

I am puzzled in many of these cases by the fact that the patient seems to be in a good state of physical vigor, so that tonics appear not to be indicated, and are, indeed, as a rule, useless; at least, I should say tonic drugs are valueless; but riding on horseback, exercise afoot, the life of the camp in summer, utter revolution in the ordinary habits—these forms of tonic are serviceable when used with discretion, and one of them, the out-door camp life, is in the power of a vast number of our people.

I have said that you would find this group of symptoms obstinate and troublesome under any treatment, but you will also find that the cases you do not cure get well as time goes on, the changes in life or habits, or the natural revolutions which time effects in all of us, being often sufficient to cure.

There is another form of numbness which may or may not be free from dysæsthesia. I think I mentioned it a few weeks ago in connection with a case of general nervousness; at all events, I have been frequently consulted for it. It belongs only to the night, and cannot be confounded with that numbness with loss of power which comes of sleeping with the arm bent in some awkward position, or so situated that it is subjected to pressure on one of the main nerves. Of this we see almost every week good examples, but the form of trouble I now desire to recall to your attention is rare.

The last case seen at this clinic was a middle-aged woman, who was in rather feeble health. Now and then she awakened with numbness of the whole side, left or right. She was not clear as to whether it affected the face or not. After

an hour or more, it gradually faded away. Sometimes it attacked a single limb, but this was rare. I used to fear this symptom, and suspect that it might presage a true hemiplegia, but I have now seen it so often, in people who suffered no evil consequences, that I have ceased to dread it. It usually yields to tonics, and is one of the many nameless neuroses which are seen by busy city physicians, and which require that general fortifying of the system which is the most effectual means of dealing with such disorders as grow out of the constant strain and struggle to which modern civilized life subjects those who are involved in its vortex.

When this symptom numbness occurs in daytime, as a unilateral trouble, and is associated with headache, or noises in the head, and is found also in the face, and involves some thickness of speech, it is a graver matter. When, also, it occurs in people past fifty, and when there is with it any tendency to incoördination of movements in the hand, and the least trace of lessened sense of tact, it should at once put the physician on his guard. Then there is another question to solve. If the patient be weak and anæmic, the path is plain, and we need to use good diet, cod-liver oil, and tonics. If there be grave valvular disorder of the heart, we may suspect that a minute embolus has entered one of the vessels, and so affected the blood-supply of the regions in or near the opposite side of the optic thalamus, or the posterior parts of the corpus striatum. But if the sufferer be a vigorous man, in general good health, with or without distinct evidence of altered vascular walls, there is one remedy which I am sure is of value. It is simply a change of diet to milk, and vegetables, and fruit, and a total abandonment of all meats. I do not mean to pause here to reason on the why and the wherefore of this treatment. I can only assure you, from long experience, that it is of the utmost value, and that the change is often followed by a continued sense of relief from the numbness, and from all feelings of pressure and fullness. Of course, as every one knows, the organic palsies of the spine are apt to set out with sensations of numbness in the feet. These, at first, are often unassociated with true, or at least with perceptible changes in the capacity to feel or to localize touch, although this is apt very soon to follow, and to end in more or less dysesthesia. There is no need to dwell on such well-known facts. I should like, however, to remind you that lead poisoning sometimes gives rise to formication, that acute poisoning occasionally assumes this disguise, and that both in Bright's disease and saccharine diabetes numbness of the limbs may be met with. I have seen, within a week, illustrations of both of the latter causations.

A lad of eighteen consulted me last week for formication of the feet, without dysesthesia. He told me that he had had, three years before, scarlet fever, followed by slight general cedema; but the water had not been examined. The left eye ground showed three small blotches of

old retinitis, and he had evidence also of mitral regurgitation. The urine was highly albuminous, and had in it an abundance of fatty and granular casts; also, the feet were slightly swollen. Under the use of skimmed-milk diet, with tincture ferri in full doses, the numbness is already much better, and the cedema has gone.

Numbness from diabetes is a yet more serious symptom, because it is associated with true anæsthesia, and is due, I believe, to plugging of the peripheral blood vessels. I have seen it but two times in this disease; once it was a simple subjective sense of formication, and once it was a grave trouble, resulting in gangrene of one foot, and death. Sometimes, however, the slough is local and small, and recovery takes place. I have thus run over some of the rare causes of numbness, and some of the more common ones, but whenever it exists, you will do well to study it thoroughly, because, whether it has been as a mild tingling, without dysesthesia, or as a profound and lasting symptom, with grades of lack of feeling, it is always a valuable symptom, when viewed with the other signs, which it in turn helps to make clear.

The sensation of pricking, of being asleep—in a word, of numbness in its various forms and degrees—is due always to a slight irritation of the nerves, or their connected nerve centres, so that at any point of a nerve track, from the sensory ganglia to its endings in the skin, a slight irritation will give the referred sensation we have been discussing. In the extremities we can cause it by rolling a nerve under the finger, or by an electric current through it, or by freezing the nerve at any point; and thus, in the chapter of accidents, tumors, pressure from any cause, blows, wounds, anything which slightly hurts without destroying, may cause numbness. So, too, in the centres, all disturbances of nutrition from imperfect circulation, or from small emboli, may cause it, while it is probable that the intrusion on the brain of small aneurisomal dilations of minute vessels, such as Charcot has described, may have a like result, and also, it seems, that in the presence of increased blood pressures this symptom may get worse.

Numbness is often associated with other forms of what Erb calls paræsthesia, as distinguished from dysesthesia and hyperæsthesia. Among these are sense of local constriction, of burning, of elongation of the limb, a very rare symptom, but nearly all of these curious forms of morbid feelings are due to cerebral disease, and well repay a fuller study and a more detailed description.

—A committee of prominent physicians of New York lately waited upon members of the Health Board of that city, and complained that there were a number of so-called German physicians practicing medicine in the city without having graduated at any medical institution, and charged them with being in possession of forged diplomas purporting to be issued by medical colleges abroad.



## EDITORIAL DEPARTMENT.

## PERISCOPE.

## Tuberculous Ulcer of the Stomach.

Translated from the German, by John B. Roberts,  
M. D., of Philadelphia.

At an autopsy, made by Dr. M. Litten, of a man thirty years of age, there was found tuberculous ulceration of the larynx, bronchi, and lungs, with pleuro-pneumonia of the lower lobe of the left lung. There was also discovered extensive caseification of the mesenteric and epigastric glands, as well as miliary tubercle on the peritoneum. While the mucous membrane of the whole upper digestive tract was perfectly intact, there was situated on the anterior wall of the stomach, beginning in the situation of the lesser curvature, an elliptical loss of substance in the mucous membrane, the long diameter of which corresponded with the lesser curvature. The border of the ulcer was sharply cut, but partly swollen, and infiltrated with blood. Upon the ulcer could be seen at irregular intervals smooth, yellowish-gray nodules, about the size of a pin's head, which were also found at the periphery of the ulcerated surface. This surface otherwise was clean and even, and was formed of the transverse muscular coat, which was everywhere distinctly perceived, and over which a network of vessels spread. The long diameter of the ulcer was 1.6 inches, the transverse, 1.2 inches and the overlying serous membrane was, as also in some other places over the stomach, thickened, and dotted with miliary nodules, in great number. From this macroscopic examination it was probable that the ulcer was tuberculous, but the microscope left no doubt as to this nature of the lesion.

Dr. Litten considers that the interest of this case lies not so much in the infrequency of tuberculous gastric ulcers, but in the fact that no trace of the tuberculous ulcerative process occurred elsewhere in the whole digestive tract, though the declaration is made in literature that true tuberculous ulceration of the stomach is only observed in advanced intestinal phthisis. In conclusion, it may be mentioned that during life this ulceration gave absolutely no symptoms.—*Virchow's Archiv.*, LXVII, 615.

## Massage in Rheumatism.

The British and Foreign *Medico-Chirurgical Review* states that Dr. U. Halliday, of Stockholm, in old rheumatic cases, finds an excessive production of connective tissue with corresponding atrophy of the muscular elements. The pain of the malady usurps the chief attention both of patient and doctor, but it is not a

reliable symptom, and commonly not well defined. It varies considerably in character in the same and in different individuals, and may from time to time disappear. It does not always correspond with the part really attacked, and may occasionally be absent. Moreover, similar pain accompanies many other maladies. It is not uncommon to meet with pain seated a considerable distance from the seat of the myitis, due in all probability to pressure exercised by the swollen muscular tissue upon nerve filaments, at the peripheral extremities of which pain will manifest itself.

Muscles are seldom affected throughout. The most common seat of inflammation is in the vicinity of their attachments. At times a number of nodosities may be found disseminated in one or more muscles, the intermediate muscular mass being healthy. The more advanced the anatomical changes, the less do patients in general complain of sensibility to touch.

Treatment should be directed to the removal of the morbid product, and therefore the employment of means to promote its absorption. *Massage* is the best means to this end, because it acts directly on the parts affected, and also possesses a more certain influence on the absorbent system than any other remedial means, whether external or internal. In recent cases its effects are frequently marvellous; but even in very chronic cases it will do good service, although the destruction of muscular tissue forbids the hope of cure. But this remedial measure must be continued, not only until pain ceases and the patient feels himself recovered, but onward and afterward, until every trace of the disease has vanished. In dealing, indeed, with bad and chronic cases, the time occupied must not be heeded.

## On Bougies of Gelatine.

These are much used in Vienna; a correspondent of the *Medical Examiner* says their use was first introduced at the Laryngoscopic Clinic, and it has been attended with great success. The bougies used resemble those already employed in urethral diseases; they are something over three inches in length, and from one-eighth to one-fourth of an inch in diameter, and are pointed at one end, so as to be more easily introduced. The drugs most commonly applied in this way are the astringents, as alum, sulphate of copper, rhatany, and carbolic acid. Hitherto the treatment of nasal disease has been confined to injections of tepid water and solutions of different drugs, and applications of caustics to the nasal mucous membrane by means of a *porte-caustique*, the latter of which methods causes intense pain when the mucous membrane is swollen and the meatus is narrow.

Further, cauterization cannot be employed sufficiently often. The introduction of the nasal bougie, on the contrary, is not at all painful, the elastic body adapts itself to every irregularity in the nasal cavity, passes very easily through the narrowest parts of the meatus, and dilates them by a gentle pressure.

These bougies have been used in cases of coryza, ozæna, and with great success in cases of extensive swelling of the nasal mucous membrane and of the turbinated bones. If there is total obstruction of the meatus, and air cannot be drawn through the nostril, the introduction of the first bougie often effects a marvelous improvement. In cases of ozæna sulphate of copper and carbolic acid are the most useful agents, but where there is extensive swelling and relaxation of the mucous membrane the tincture of rhatany is to be recommended. Sulphate of zinc is not much used, for, according to Störk's experiments, solutions of this drug, even when only injected into the nose, destroy the power of smell.

There is no difficulty in introducing the bougie. It is advisable to give it a rotatory as well as an onward motion during introduction. Even in the most obstructed meatus it is possible to introduce the bougie completely, and in any direction. Afterward the nostril is plugged with lint to prevent the liquefied gelatine from escaping by any other orifice than the posterior nares. When there is much secretion present the bougie may liquefy in three quarters of an hour, but it usually takes three hours. It causes no unpleasant sensation while in the nose, and it is useful not only in applying medicaments to the mucous membrane, but in keeping the meatus dilated.

#### The Climate of Algiers.

Dr. William Thomson writes to the *British Medical Journal* of September 30th:—

Speaking from my own experience, I should say that the climate of Algiers is of most undoubted value in those cases of phthisis where there is only as yet a slight deposit of tubercle in the lung or lungs, but that it does little more than prolong life for a time in those in whom the disease has gone the length of cavities; and it would be well if doctors at home thought twice before they sent out to Algiers or anywhere else some of the cases, in the most advanced stages, which it has been my misfortune to see there. In several cases in which, up to the time of their arrival, there had been excessive pyrexia, a marked fall in the temperature occurred, due, in a measure, I think, to the capital powers of sleeping which most arriving at Algiers enjoy, notwithstanding its proximity to the sea. In cases of old-standing pneumonia and pleurisy, I have seen much good done by a winter's residence at Algiers; but, in my opinion, those who, by some imprudence, contract maladies there, especially the low lobular forms of pneumonia, do not do so well, from what reason I do not

profess to explain. All forms of bronchitis do remarkably well, especially the dry irritable variety and the chronic winter cough of the elderly. Every one of the numerous cases of asthma which I attended seemed to benefit by the climate, though, in this capricious disease, the improvement may have been purely accidental. The cases of emphysema I saw all did well, whilst most of the cardiac affections seemed to benefit from the mild equable temperature. I have heard that the climate of Algiers is not suitable for nervous complaints, and it may be so, as I have no opportunity of judging; but I see no reason why it should be so. All gastro-intestinal affections, among them three long-standing cases of Indian dysentery, did very well. I have only had two cases of typhoid fever in Algiers, and these came over in a yacht from Nice, and had the fever when they arrived. In the summer and autumn months I believe there is a liability to typhoid and malarious fevers in the country around; but then it is precisely in these seasons that no one dreams of staying in or near Algiers. In the uterine cases which I attended nearly every case seemed to benefit from the climate, and the menses became more regular in many long standing cases of amenorrhœa; on the other hand, however, I have heard that the warm climate sometimes causes a too profuse discharge; but I can hardly fancy that it could do so in the winter season. It is impossible, however, to lay down general laws as to what class of cases will or will not suit the climate of Algiers, as nearly everything depends on the individual character of the complaint, a fact which I think too many doctors at home are apt to ignore who appear to send cases at random to Mentone, Cannes, Algiers, etc., quite irrespective of the nature of the case or of the character of the climate.

#### The Eucalyptus in Ague.

Dr. John Curnow, of London, reports the following cases in the *Lancet*:—

CASE 1.—S. S., aged eighteen, a Norwegian, was admitted May 23d, 1876. He had been suffering from intermittent fever for four or five weeks. The attacks were moderately severe and of a well-marked tertian type. An expectant plan of treatment was pursued until June 9th, and during this period the paroxysms recurred on alternate days with the utmost regularity. They began at 10 A.M., reached their acme between 1.30 and 3 P.M., and passed off about 6 P.M.; thus lasting about eight hours. The highest temperatures varied from 104.8° to 105.6°. On June 9th the tincture of the eucalyptus globulus was given in one-drachm doses three times daily. The next day, on which another attack was due, his temperature only rose to 100°, and on the 12th to 100.4°; and after this date no further paroxysm occurred during the remainder of his stay in the hospital. On physical examination, a systolic bruit was heard over the apex of the

heart, but this was evidently of some standing, and had so far given rise to no symptoms. The splenic dullness was normal.

CASE 2.—C. O., aged forty, a Dane, was admitted on June 19th, 1876. The attack commenced on June 14th, and was of the ordinary tertian type. The paroxysms were very severe, and extended over nearly twelve hours, on an average. On June 27th, the temperature was carefully taken at short intervals by Mr. Lacy, the house physician. At 10.30 A. M. it was normal, at 11.30 it had risen slightly, and soon after rigors set in; at 12.40 P. M. it was 101.6°, at 2.20 P. M. 105.6°, at 2.40 P. M. it had reached its highest point, 106.4°, at 3 P. M. it had fallen to 105.4°, at 6 P. M. to 101.4°, at 9 P. M. to 100°, and at midnight it was still above normal at 99.2°. The fit on the 29th was quite as severe. On July 1st, just before the next attack was due, the expectant plan of treatment, which had hitherto been pursued, was given up, and the tincture of the eucalyptus exhibited in drachm doses three times a day. The next two paroxysms were much shortened in length, and the temperature did not rise quite so high. On the 5th the dose was increased to two drachms three times daily, and he had his last attack on the next day. He was kept under observation until July 15th, and continued taking the medicine up to that date. This patient's splenic dullness was increased in extent, and the edge could just be felt. He had suffered from an attack of ague nine years before.

#### The Internal Administration of Chloroform.

M. Jaillard, a French army *pharmacien*, after alluding to the difficulties that occur in the internal administration of chloroform, states that the following simple procedure is by far the best:—The prescribed quantity of chloroform should be poured into from 100 to 120 grammes of milk (which may be either pure, or sweetened and aromatized with a few drops of cherry-laurel water), and then briskly stirred. The chloroform, in this way, becomes easily divided into an infinity of minute globules, exactly resembling in appearance the fat globules which exist in the milk, in the midst of which they remain suspended for an indefinite period.

### REVIEWS AND BOOK NOTICES.

#### NOTES ON CURRENT MEDICAL LITERATURE.

—The question whether menstruation means ovulation is answered in the negative in a brochure by Dr. A. Reeves Jackson (reprint from the *American Journal of Obstetrics*). It is a careful article, but by no means a conclusive argument.

—Matthias Lempert, of Bonn, sends us his

catalogue of second-hand surgical books on sale, *Bibliotheca Chirurgica*. It contains about sixteen hundred titles, chiefly French and German. It can be had from L. W. Schmidt, 24 Barclay street, New York.

#### BOOK NOTICES.

*Principles of Human Physiology.* By William B. Carpenter, M. D., F. R. S., F. G. S., F. L. S., etc. Edited by Henry Power, M. B., Lond., F. R. C. S., etc. A New American from the eighth revised English edition. With Notes and Additions by Francis G. Smith, M. D., Professor of the Institutes of Medicine in the University of Pennsylvania, etc. Philadelphia, H. C. Lea, 1876. 1 vol., 8vo, pp. 1083.

It has been about five or six years since Carpenter's *Physiology* has undergone a revision, and now it receives a very thorough and careful one at the hands of the gentlemen whose names are given above. Without departing materially from the judicious arrangement which the author originally chose, the latest researches in physiology have been introduced, and with a careful hand. Thus we find a summary of the researches into the localization of the cerebral functions, and quite full statements of the numerous observations on the functions of the liver and kidneys, which have been so numerous of late years.

It is true the heavy additional freight of facts, foot-notes, and new names which the book carries, has diminished that fascination of style and philosophic expression which in earlier years drew so many others as well as ourselves to the perusal of Carpenter's *Physiology*. We note the change with regret, but perhaps it is a law of evolution that the poetry must die out of the life of a book as it does out of the life of man, by advancing years and editions.

The American editor has added what few paragraphs were necessary to bring the work up to the level of the science since the last English edition, and has thus rendered it a thoroughly complete compendium of physiology. With the exception of some woodcuts, which are too worn for use, the publisher has presented it in a very satisfactory manner. Altogether, there are few, if any, treatises on the subject so well calculated to attract and instruct a student as this one.

**THE**  
**Medical & Surgical Reporter,**

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

*The terms of subscription to the serial publications of this office are as follows, payable in advance:—*

Med. and Surg. Reporter (weekly), a year,	\$5.00
Half-Yearly Compendium of Med. Science,	2.50
Reporter and Compendium, - - -	7.00
Physician's Daily Pocket Record, - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - -	8.25

*For advertising terms address the office.*

*Marriages, Deaths, and Personals are inserted free of charge.*

*All letters should be addressed, and all checks and postal orders be drawn to order of*

D. G. BRINTON, M. D.,  
115 South Seventh Street,  
PHILADELPHIA, PA.

**A TRUE MEDICAL PHILOSOPHER.**

A few weeks ago we chronicled the death of one of the strongest and boldest thinkers of this generation—Dr. THOMAS LAYCOCK, of Edinburgh. He was physician to the Queen for Scotland, and Professor of the Practice of Physic in the University of Edinburgh, but these distinctions were trivial compared to that of being author of "Mind and Brain, or the Correlations of Consciousness and Organization, with their applications to Philosophy, Zoology, Physiology, Mental Pathology, and the Practice of Medicine" (2 vols. 1860).

In the various obituary notices we have seen concerning Dr. LAYCOCK in our British medical contemporaries, not once are the wonderful depth and originality of this book brought prominently forward. Too metaphysical for medical men, too medical for metaphysicians, it was a good deal of a puzzle to both. Dealing with the greatest of all problems, its methods were daring, and its results have up to this

present time remained largely unappreciated. But we are very much in error in our forecasting, if Professor LAYCOCK's fundamental doctrines shall not prevail when those of DARWIN, and HÆCKEL, and SPENCER are consigned to the realm of the antiquary. A very brief sketch of the position in which he stood to the philosophy of the day may properly be presented, now that he has passed away.

His first great discovery was that of the unconscious action of the brain, or, as he termed it, borrowing an expression from the school of REID, mental latency. Although the priority in this has been claimed for Dr. CARPENTER, it would appear that to Dr. LAYCOCK the honor is due.

The study of this subject led to the formation of three great philosophical schools; one holding that mental action is a slow product from cerebral growth (the evolutionists proper); the second, that there is a mental force underlying all phenomena, but that this is wholly unconscious; the third, that phenomena are the expression of conscious design. The second of these is the school of SCHOPENHAUER and VON HARTMANN; the third, that of Dr. THOMAS LAYCOCK.

His work requires no small amount of preliminary study to understand. His style is dry, his sentences long, and his partiality for new and strange words repels many readers. But these difficulties are well repaid by the exceeding worth of his matter.

Starting from the proposition that "the brain and nervous system are the proper subject-matter of a true science of mind," and that "Mind can only manifest itself in existence as it acts upon matter," he shows that order, or *design*, is the characteristic of mind, and that the universal presence of order in things—what some call the uniformity in nature—is the proof that "Mind is the final cause, as an ordering force, of all the physical forces;" a generalization which he elsewhere tersely expressed, "Motion and order are Thought in



act." This led him to the higher flight, that "the eternal ideas of the Divine Reason can be deduced from observation of the phenomena of creation." Such ideas he styled archetypal, or causal ideas, and believed that organic forms show their character and class. This was the foundation of his biology; and the archetypal ideas departed from, give pathology and its phenomena. The development of organic forms from simple to more complex relations is the indirect effect of the archetypal idea manifesting itself in matter. Evolution thus becomes Revelation.

Of the other attempts which were made to "solve the riddle of the universe," that by Dr. EDWARD VON HARTMANN has, perhaps, attracted the most attention as a philosophical scheme. His work, entitled "The Philosophy of the Unconscious," appeared in 1869, and a new edition has been called for nearly every year since.

Dr. HARTMANN assumes that in the realm of nature, idea and will exist without material substratum, and that this mental activity is an unconscious one, rising into partial consciousness only in man. The proof he brings chiefly from biology, from anatomy, physiology, and pathology, from the instinctive acts of the brute, and the unconscious impulses of human society. Wide research, excellent argumentative power, and a clear and often cutting style, have aided him in gaining much popularity for his views.

Of course, one at all acquainted with the history of German thought at once recognizes both in his theory and his manner of presenting it a devoted disciple of ARTHUR SCHOPENHAUER; and, indeed, he freely acknowledges his discipleship. But unlike his master, and obedient to the reigning impulse of all current metempsychic thought, he seeks in the facts of natural, and especially medical science, the support for his views.

He has, however, gained few adherents outside of Germany. In this country, Dr. GEORGE

C. STIEBELING quite early published a severe criticism of his arguments (*Naturwissenschaft gegen Philosophie*, New York, 1871), and showed how superficial his explanations of nervous phenomena are. In England, Dr. LAYCOCK's doctrine of "Unconscious Cerebration," while, at first sight, in support of HARTMANN, in reality substitutes a wholly different explanation for the proofs he marshals in aid of his own theory. And the teachings of LAYCOCK on ancestral or transmitted memory, on mental atavism and inherited knowledge, furnish a beautiful and satisfactory method of accounting for nearly all for which SCHOPENHAUER had to call in his *Wille und Vorstellung*. The great Unconscious must already be consigned to the lumber room of imaginary entities.

Out of the conflict of intellects, in this day, the careful student will note, rising more distinctly into view, the recognition of the truth which LAYCOCK taught, that, somehow, it is *thought*, conscious thought, which controls creation. Let us give an instance. Of all the zoological classifications of the present day, that of RICHARD OWEN is gaining in favor with the closest observers. This is a classification which looks finally to mental action for its justification.

OWEN insists upon the primary importance of the development of the nervous centres in any classification, and upon the subsidiary value of "vascular, respiratory, locomotive, tegumentary, developmental structures." The rise of the nervous system, and especially of the *thinking part*, produces, by action on the muscular fibres, waste, and "necessitates corresponding improvements in the machinery for renovation." The heart is adapted, and the blood, by its greater number of colored discs, is made fitter; for renewal of the waste, the highest perfection being attained by the heart, which circulates perfectly pure blood, and not a mixed arterial and venous fluid. All this produces a rise in the temperature of the body, and vertebrates are divided into those with "wraps," and with

"no wraps." Vertebrata inferior to birds have no "wraps," and their temperature rises and falls with the surrounding medium, but those with feathers and furs enjoy an unchanging higher temperature. Wonderful are the connections between the body and mind, said the ancients; and now we say wonderful are those between a comfortable body and a light-hearted mind. He writes, "The rise in the faculty of forming ideas and enjoying sensations evokes the faculty of expression, such as is exemplified in the varied songs of birds and the manifold cackle or vocal utterances of the poultry yard."

A critic, who is evidently not an Owenist, says respecting these teachings: "According to OWEN, reasoning out his conclusions on the above, a good balance at one's banker's should elevate the intellect, and there is comfort in store for rich Philistines." This is just so, and in it is the justification of the ardent search for wealth which always marks a progressive state. ARISTOTLE long since remarked that a certain amount of ease in circumstances—of money in the purse—is necessary to the successful pursuit of the highest culture. GOETHE said every one of his good things had cost him a piece of gold. OWEN's law is as true in Sociology as it is in Zoology.

The complete and definite formulation which Dr. LAYCOCK gave this principle is, in the opinion of the present writer, bound to add an increasing lustre to his name, as posterity shall widen and deepen its scientific knowledge. It is the one true and only philosophy, and though it was enunciated as long since as in the days of ANAXAGORAS, there are few anywhere, and none in this age, who have more ably set forth its might, dignity and truth than this member of our profession.

Dr. LAYCOCK was a philosopher in act as well as in books. During the latter part of his life he suffered a good deal of domestic and personal affliction, the loss of his accomplished wife being followed by a severe illness which ultimately assumed a form which rendered ne-

cessary the amputation of the leg. He retained his genial equanimity, however, unimpaired to the last; his interest in the extension of knowledge was unabated, as a very able article last year in the *Journal of Mental Science* testifies; and more than all, when the clouds of age, illness, and the loss of loved ones gathered over his life, the light of "divine philosophy" guided and sustained him with its steady brightness, as it did BOETHIUS in his dungeon and MILTON in his blindness.

---

## NOTES AND COMMENTS.

---

### Chloride of Lead as a Disinfectant.

This substance is highly commended by Dr. R. H. Goolden, of London, in the *British Medical Journal*. He says:—

The advantage of the use of lead chloride, as I have prescribed it—viz.: 36 grains of the nitrate of lead in two pints of water, and 120 grains of chloride of soda in three gallons of water, poured together and allowed to settle—is, that you get a definite saturated solution, easily made in town or country, wherever wanted, containing no more lead than is necessary to decompose fetid gas, not poisonous, for it cannot pass the bowel without being converted into a sulphide. The lead sulphide, if pure (which in my solution it would be), is perfectly insoluble, except in strong nitric and boiling hydrochloric acids, and reducible only at a heat of 600° Fahr. It cannot be absorbed by animal or vegetable matter, and is as inert as powdered charcoal. It is precipitated as soon as formed; and if it escaped into the rivers, it would perhaps be washed down by strong streams to the estuary, where it would lie as black mud, but with this advantage over the present mud deposits, that instead of giving off fetid gas at low water, where the sun shines upon it, it would remain fixed as the sand and shingle.

---

### Carbolic Acid Inhalations.

In a recent monograph by Dr. Lee, of the Hospital for Sick Children, London, the author states he has found marked benefit from the daily use of carbolic acid inhalations in whooping cough. The carbolic vapor ought to be diffused through the atmosphere of the room, in a cer-

tain proportion, and the patient must be confined to this atmosphere for several hours daily. Dr. Lee has had a vaporizing apparatus constructed on purpose, and he has exposed his patients (out-patients, for the most part) to the vapor, in a little room adjoining his consulting-room, for an hour or so once or twice a week. "Even under this limited use there was undoubtedly an amelioration of the severe spasmodic cough."

#### Large Doses of Ergot.

At the meeting of the American Gynecological Society, Dr. Drysdale, of Philadelphia, called attention to the use of large doses of ergot in uterine fibroids, and stated that he had administered half-ounce doses of Squibb's fluid extract three times a day for more than a year without producing any deleterious effects.

Dr. Wilson inquired whether the use of half-ounce doses of the fluid extract of ergot for months gave rise to pain that required the use of anodynes?

Dr. Drysdale replied that when the pain became too severe, the drug was discontinued until the pain subsided.

#### Belladonna as a Cerebral Stimulant.

Dr. Theo. H. Jewett, in a paper before the Maine Medical Association, maintains that belladonna is not a simple narcotic only, as has been generally supposed, but a brain stimulant and tonic of the first order. It is the special and appropriate remedy for congestion and inflammation of the brain, or for the debility of which they are the results. It is also the remedy for many affections, congestions, inflammations, and perverted action of many organs whose integrity is dependent upon a normal condition of the brain.

#### Treatment of Typhoid Fever by Ergot of Rye.

At the recent meeting of the French Association for the Advancement of Science, at Clermont Ferrand, Dr. Duboué, of Pau, read an account of his treatment of typhoid fever by ergot of rye. He tried this plan of treatment in fifteen cases of typhoid fever, eight of which were men and seven women. The doses employed varied from 1.5 grammes to 3 grammes (22½ to 45 grains) *per diem*, and it was extremely well tolerated by both classes, though less markedly in the women than in the men. Of these fifteen cases, seven were of moderate

severity and were cured; eight were very severe, and of these two were fatal. Of the six cases of recovery, three were taken into the hospital at nearly the last stage of the disease. The two fatal cases, of which a necropsy confirmed the diagnosis, did not at any stage show the physiological phenomena which were so marked in the other cases, such as lowering of the pulse and diminution of temperature.

#### Dropsical Effusions.

Dr. Charles Burr, of Carbondale, Pa., tells us, in the *Pennsylvania State Transactions*, that he used to feel quite uncertain when called to a case of dropsy, but now he "can smile and promise a speedy cure." The reason of this change is his adopting in all such cases the following prescription:—

R Infus. digitalis, f.ʒiv  
Potassæ acetatis, ʒss. M.

Dose—For an adult a tablespoonful, for a child a teaspoonful, every two hours.

If this prescription will exercise generally so happy an effect on physician and patients, our readers will thank us for reproducing it.

#### Reflex Action of Tendons.

Dr. Ott informs us that since writing his articles on the above subject in the last number of the *REPORTER*, histological research has kept pace with the physiological facts observed by Schiff and himself: that there are nerves in tendons which cause reflex actions. Dr. A. Rollet has discovered these nerves in tendons by osmic acid.\* As he was not aware of any reflex action from tendons, he thought the nerves were only efferent, but the reflex actions detailed show that there must also be efferent fibres.

#### Scarlatinal Albuminuria.

This distressing sequela of scarlet fever too often frustrates the hopes inspired by convalescence. In the report from Berks county, Pennsylvania, in the *State Medical Society Transactions*, we read, "many children succumbed to it." In the same volume Dr. S. D. Bell, of Butler county, tells us that he has given up the old treatment by bitartrate of potassa, spirits of nitre, acetate of potash, etc., as unsatisfactory compared with the decoction of scoparius. This, he states, yielded "invariably the most flattering results." He used it

\* Rosenthal's *Centralblatt*, S. 765.

in the form of decoction, made by boiling half an ounce of the tops in a pint and a half of water down to one pint. Of this a tablespoonful to a wineglassful was given every four or six hours, according to the age and severity of the symptoms.

## CORRESPONDENCE.

### CLIMATE AND TRAVEL IN THE TREATMENT OF CONSUMPTION.

Letters by an Invalid Physician.

II.—EN ROUTE—THE SEA.

ED. MED. AND SURG. REPORTER :—

A steam or sailing vessel constitutes, by all odds, the easiest and safest mode of conveying the invalid to his destination. Where the sea has to be crossed, of course they are indispensable; but in going from northern to southern resorts, as in the Carolinas and Florida, where speedier transit is secured by the railway, ocean conveyance is commonly overlooked. Good lines of ocean steamships run along our entire Atlantic seaboard, and one can go by sea from any prominent northern to most of the southern ports. Apart from this, those who, from any cause, dread the sea, can by canal, river, sound, inlet, and bay, make an inland passage by vessel almost continuously from the St. Lawrence to the St. John's.

In selecting a state-room for an invalid on a transatlantic steamer, the following points will be found of value. There is the least motion amidship, but here, generally, we find the boilers located, and they are apt to overheat and lend their oily smell to the state-room. Dividing the length of the ship into thirds, the forward portion of the stern third, or the stern end of the bow third, will generally be found most desirable. A room on a level with the main saloon is better ventilated and easier of access than those below. Where money is not an object, securing the captain's cabin on the main deck is, in summer, a luxury and an aid to the invalid. It is too cold for winter passages. The first and second officers have roomy apartments on large steamers, which they will vacate for a consideration. Avoid state-rooms next to water closets or stairways. I have yet to meet a ship surgeon who did not impress me as a man of good sense, and amply competent to give all needful care to those under his charge. They have every essential in the shape of drug and surgical appliance.

The advantage of a vessel over a railroad car, as far as avoidance of dust, jarring, and more or less cramped posture, are concerned, is obvious. Should it be necessary to make a long journey by rail, as from the Atlantic seaboard to Colorado or California, it should be made, could the patient stand it, without a break. If it has to be broken, do it as seldom as possible. The transfer in the damp or even-

ing, the jolting in omnibuses to the cheerless rooms of strange hotels, and the early morning departure, are more wearing than continuous journeying in parlor and sleeping car.

A well-filled and constantly replenished lunch basket is an essential for long railroad journeys. So provided, a patient can get an abundant meal, at regular hours, with ample time to eat it, and he avoids the hasty and oft-times indigestible repasts provided by railroad restaurants. Moreover, it is often the case that a train is delayed for many hours between stations, or, if behind time, often rushes by the prescribed place for meals without a stop. The many useful prepared foods, such as potted meats, concentrated soups (made in a few minutes by the addition of hot water), and the various beef teas and extracts (Valentine's is made with cold water), make it easy for much and wholesome nourishment to be carried in small compass. There are also three or four very useful little cooking lamps, fitted into boxes not over four inches square by two deep, over which an egg can be boiled or a cup of tea made while the train goes rushing along. A look through a modern city drug store will show many little conveniences for an invalid on his travels.

#### THE SEA.

I believe a sea voyage, not shorter than three months from port to port, and continued for a year, to be the grand therapeutic remedy for consumption. There are doubtless cases sent to sea, under the most favorable auspices, that decline from the first. But wouldn't they on land, anywhere? Remember, the disease to be dealt with. What a hold it gets before one is aware of it; how it raises false hopes almost in proportion to its gravity; and how every little attack of cold or fever, unheeded in ordinary times, are direct and oftentimes deadly reinforcements to it.

The same judgment is necessary in sending a patient on a long sea voyage as in sending him to any climatic resort on land. If the hand of death is surely upon him, as evinced by one or more large cavities, much bronchial affection, hectic, sweats, emaciation, feebleness, and loss of appetite, let the patient's soul go to Him who gave it amid the comforts of home and the presence of those most loved. But when there is a chance of change doing good, let the patient have it. As the law supposes every accused man innocent until proved guilty, so medicine should, at least, regard a man alive, and with life's chances, until he is dead. There is no doubt that a doctor's sentence—you cannot get well—pronounced with due solemnity, often makes a man stop trying to live, and strive with equal effort to die. The possession of pluck by a patient is a help in the treatment that can be estimated only by those who have suffered from the disease. It is tonic, antispasmodic, antipyretic, curative.

A good state-room in a large sailing vessel offers the best chance for the invalid at sea. Few, out-



side of those who follow the sea, are aware how commodiously and comfortably the cabins of many sailing vessels are fitted up. Of course reference is made, not to coasting craft, but to those which sail to distant seas and countries. Many ship-masters carry their families with them, and the ship cabin often boasts a fine melodeon or piano and a well-stocked library. The state-rooms are fitted up in hard woods, and a general attention paid to the comfort of the inmates that must be partaken of to be appreciated. On such a vessel there is absence of overcrowding, smell and heat from engines, and the patient is kept longer at sea, between ports, than if he were on a steamer. Moreover, there is an exhilaration in running before a strong breeze, over a regularly undulating sea, and under a clear sky, that is not found on a steamer. The great advantage possessed by a steamer is its non-liability to become becalmed, and hence, in the hottest seas, by pushing ahead, it generates more or less breeze. A becalmed vessel, under a tropical or sub-tropical sun, becomes not only irksome, but uncomfortable to the traveler.

Finally, while a steamer offers greater chance of companionship and amusement, generated from numbers, a sailing vessel is better for sport, fishing, etc., and for studying the wonders of the deep.

"The principal difference between sea and land climate rests on the difference of the substratum—sea instead of land. In consequence of this sameness, the sea climate is more equable than the land climate. Between 50° and 40° north latitude, on the continents of Europe and America, one will find great variety of climate; whilst at sea, sailing through these latitudes does not bring any remarkable difference, if those sudden changes which occur anywhere and everywhere be excepted. The boundary between the temperate and sub-tropical zone of the Atlantic Ocean, both north and south of the equator, may be placed at about 35° of latitude. The *trade weather*, within the region of the northeast and southeast trade wind, is the most perfect climate on earth, clearer, brighter, richer in splendid colors and glorious tints than anything we have in our warm latitudes.

"A heavy dewfall, with sharp breeze, sets in about an hour before sunset, and continues for some time after it. This the patient should be careful to avoid. The mean daily temperature at sea in the tropics, within 10° north and 10° south of the equator, is from 80° to 85° Fahr." (Taken in the months of October, May, April and November. Patients would not sail tropical seas in mid-summer.) The paragraph which I have quoted above is from the first of a series of articles in the *Practitioner*, on the influence of sea voyages in consumption, by C. Faber, M. D., of London. His experience is based on two voyages as medical officer, the first, of three and a half months, to South America in a mail steamer; the second, of eight months and a half, round the world, via Australia, in a sailing vessel.

My own experience of the sea has been limited to twice crossing the Mediterranean (Marseilles to Algiers), a half dozen times across the Atlantic (New York to Liverpool), and a trip each to Bermuda and Cuba. These voyages have all been short, the longest not exceeding twelve days, and yet they were long enough to enable me to observe the almost universal benefit the sea conferred upon health. Occasionally you meet one of those prolonged cases of seasickness that so enfeeble and emaciate even a well person as to incapacitate him from walking off the ship at the end of the journey. If such a person ever became the subject of disease, previous experience of the sea would almost seem to contra-indicate sea-voyaging as a means of treatment. Fortunately, such cases are rare. In the march of medical improvement we shall undoubtedly see the time when floating sanatoria, suitably manned and equipped for sea-voyaging, will be as popular as their fixed counterparts on land. Those who have the means make long cruises in their private yachts for health; and if a half dozen invalids would club together, they could hire a staunch sailing vessel, with a good master and crew, and cruise among the West Indies or in the Mediterranean for the winter. The expense per capita would not exceed traveling by land for the same time. A favorite English journey for invalids is to go by sailing vessel to Australia, leaving England in October. The return is made in the spring, and the intervening time passed in the "bush" of Australia. In these days of universal intercommunication by sea there is no trouble in arranging a voyage to go anywhere, or to occupy any required time.

Saranac Lake, N. Y.

#### The Duty on Quinine.

ED. MED. AND SURG. REPORTER:—

In view of the recent advance in the price of quinine, I propose to physicians throughout the country that we all unite in petitioning Congress to abolish the duty of fifteen per cent. now paid on this article. During the war we submitted with more or less patience to this odious tax. Now, it cannot be that the country is so poor that it must derive revenue from a tax on a sick man's medicine.

Our business is necessarily a credit business, with no choice of customers. It is, therefore, for our interest that as large a proportion as possible of the people should be able to pay us for our services. The fact is undeniable that ever since 1860 the rich have been growing richer, and the poor poorer, as never before in the history of our country. As physicians we are deeply interested in arresting this increase of pauperism, and this concentration of so much of the wealth of the country in so few hands. While we ourselves ask for the abolition of all taxes on medicines, let us circulate among all classes a petition asking that the taxes on imports be so reduced that with the revenue from liquors and tobacco they shall

only equal the ordinary current expenses of the government, and that the remainder of the war debt be paid by a direct tax upon incomes and upon accumulated property; exempting incomes of less than \$1000 per year, and all estates of less than \$5000, and graduating the tax so that each additional \$10,000 of income, and each additional \$100,000 of property, should be taxed a higher rate than the preceding \$10,000 and \$100,000 respectively.

SUMNER RHOADES, M.D.

Syracuse, N. Y., November 21st, 1876.

## NEWS AND MISCELLANY.

### Vital Statistics.

At the close of the last year the number of inhabitants in Italy was found to be 27,482,174. The number of deaths during the year 1875 was 842,161, and the number of births was 1,035,577. The excess of births over deaths is almost 200,000, showing a much better ratio than in France.

Germany grows faster than any country in Europe except Great Britain. It now has 42,726,844 people, and has been sixty years in doubling. The greatest increase was in Saxony. There is an excess of 362,730 females over males.

### Health of Texas.

Dr. A. R. Kilpatrick, of Texas, writes us:—There has been quite an epidemic of dysentery, or flux, in this county and other adjacent counties of Texas, during the summer and fall, several cases proving fatal. No epidemic yellow fever in any part of Texas this year, but some sporadic cases in Houston and Galveston, though denied by some physicians. Cases of *Hæmaturia Miasmatica* are reported from all the southern and southeastern counties.

### Personal.

—The opinion of cinchonidia taken from the Kentucky State Medical Society *Transactions*, on p. 432, current volume, should have been credited to Dr. D. Johnston instead of Dr. Larabee.

—Dr. Dougal, the oldest settler of Butler, Pa., and who is now ninety-eight years old, has selected a place in Summit township, three miles from Butler, where he wishes to be buried. He was taken there, after casting his vote, last month, to make the selection. Being very feeble, he was carried there on a bed.

—Dr. F. Julius Le Moyné, of Washington, Pa., has erected a furnace, and is to "cremate" the late Joseph Henry Louis, Baron de Palm, on the 6th instant. It is believed that the occasion will draw a very large number of highly competent and influential scientific observers. Addresses appropriate to the occasion will be delivered.

### Spiritualism and Insanity.

The statement is credited to Dr. Forbes Winslow, that there are over 10,000 persons of unsound mind confined in lunatic asylums in the United States, driven mad from over-excitement by Spiritualism; Dr. Winslow adds that insanity from this cause is now very prevalent in England, and is increasing. It is high time that medical men set to work to expose this imposture. Dr. Hammond's book on the subject is in the right spirit.

### A Vaccine Case.

An extremely convenient vaccine case of hard rubber has been devised by the Case Record Co., Cincinnati. After having used it several months, we can speak of it confidently as handy, well made, and economical, as by its better preservation of the virus, it soon pays for itself. Price \$1.50

### Items.

—Coloring poisons have been freely used in making wines abroad, and in a short time a remarkable case will be brought before the court in France, an ex-minister having brought an action against his wine merchant, who nearly poisoned him and his wife.

—The Russian army, on January 1, had 2102 surgeons, 250 apothecaries, 6887 assistant surgeons, and 173 veterinary surgeons. This gives one surgeon for every 407 men, one apothecary for every 3454 men, and one assistant surgeon for every 161 men.

—The late M. Ste. Claire Deville was one day discussing the question of the advance of knowledge with a famous anatomist. "After all," he said, "you have made great advances, but don't you think that you are very much like the hackmen, who know all the streets, but haven't the remotest idea of what is going on in the houses?"

### OBITUARY.

#### RICHARD HARRISON, M. D.,

Died at Waco, Texas, November 1st, aged 55 years. He was born in Alabama. After graduating in medicine, he practiced in Aberdeen, Miss. He served in the State Legislature; served in the Confederate army, and attained the rank of Colonel. Settled in Waco, Texas, in 1866, and was for many years a member of the Baptist Church. He was a prominent and useful citizen.

### MARRIAGES.

GOVAN-DANCY.—On Wednesday, November 28d, at the residence of the bride's father, by the Rev. I. T. Pickett, Mr. E. P. Govan, of Arkansas, and Miss Cornelia A. Dancy, daughter of Dr. F. W. Dancy, of Holly Springs, Miss.

### DEATHS.

JACOBS.—At Coal Valley, Illinois, on the 16th instant, Mary G. Jacobs, wife of Theodore Jacobs, M. D., and daughter of John Potts, formerly of Norristown, Pa., in the thirty-fifth year of her age.